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CONFIRMATION NO. 2903

<b>SERIAL NUMBER</b> 10/747,686	<b>FILING OR 371(c) DATE</b> 12/30/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> P-2769-US9
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/611,056 07/02/2003 which is a CIP of 09/707,766 11/08/2000 PAT 6,632,447  
 which is a CIP of 09/531,472 03/20/2000 PAT 6,413,533  
 which is a CIP of 09/436,208 11/08/1999 ABN  
 which is a CIP of 09/306,958 05/07/1999 PAT 6,265,448  
 which claims benefit of 60/084,602 05/07/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 04/27/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> TN	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 32	<b>INDEPENDENT CLAIMS</b> 4
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**ADDRESS**

49443

**TITLE**

Method for treatment and chemoprevention of prostate cancer

<b>FILING FEE RECEIVED</b> 1996	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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